

BEST AVAILABLE COPY

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | | SERIAL NO. | | FILING DATE | | | |
|--|------------|------------------------|------|------------------------|------|------|--|--------------|------|-------------|------|------|------|
| | | | | | | | | APPLICANT(S) | | | | | |
| CLAIMS | | | | | | | | * | | * | | | |
| AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | | | | | | |
| 1 | | | | | | | | | | | | | |
| 2 | | 1 | | | | | | | | | | | |
| 3 | | 1 | | | | | | | | | | | |
| 4 | | 1 | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | |
| 6 | | 1 | | | | | | | | | | | |
| 7 | | 1 | | | | | | | | | | | |
| 8 | | 1 | | | | | | | | | | | |
| 9 | | 1 | | | | | | | | | | | |
| 10 | | 1 | | | | | | | | | | | |
| 11 | | 1 | | | | | | | | | | | |
| 12 | | 1 | | | | | | | | | | | |
| 13 | | 1 | | | | | | | | | | | |
| 14 | | 1 | | | | | | | | | | | |
| 15 | 1 | | | | | | | | | | | | |
| 16 | | 1 | | | | | | | | | | | |
| 17 | | 1 | | | | | | | | | | | |
| 18 | | 1 | | | | | | | | | | | |
| 19 | | 1 | | | | | | | | | | | |
| 20 | | 1 | | | | | | | | | | | |
| 21 | | 1 | | | | | | | | | | | |
| 22 | | 1 | | | | | | | | | | | |
| 23 | | 1 | | | | | | | | | | | |
| 24 | | 1 | | | | | | | | | | | |
| 25 | | 1 | | | | | | | | | | | |
| 26 | 1 | | | | | | | | | | | | |
| 27 | 1 | | | | | | | | | | | | |
| 28 | 1 | | | | | | | | | | | | |
| 29 | 1 | | | | | | | | | | | | |
| 30 | 1 | | | | | | | | | | | | |
| 31 | 1 | | | | | | | | | | | | |
| 32 | 1 | | | | | | | | | | | | |
| 33 | 1 | | | | | | | | | | | | |
| 34 | 1 | | | | | | | | | | | | |
| 35 | 1 | | | | | | | | | | | | |
| 36 | | 1 | | | | | | | | | | | |
| 37 | | 1 | | | | | | | | | | | |
| 38 | | 1 | | | | | | | | | | | |
| 39 | | 1 | | | | | | | | | | | |
| 40 | | 1 | | | | | | | | | | | |
| 41 | | 1 | | | | | | | | | | | |
| 42 | | 1 | | | | | | | | | | | |
| 43 | | 1 | | | | | | | | | | | |
| 44 | | 1 | | | | | | | | | | | |
| 45 | 1 | | | | | | | | | | | | |
| 46 | | 1 | | | | | | | | | | | |
| 47 | 1 | | | | | | | | | | | | |
| 48 | | 1 | | | | | | | | | | | |
| 49 | | 1 | | | | | | | | | | | |
| 50 | | 1 | | | | | | | | | | | |
| TOTAL IND. | 6 | | | | | | | | | | | | |
| TOTAL DEP. | 44 | | | | | | | | | | | | |
| TOTAL CLAIMS | 50 | | | | | | | | | | | | |
| TOTAL IND. | 5 | | | | | | | | | | | | |
| TOTAL DEP. | 134 | | | | | | | | | | | | |
| TOTAL CLAIMS | 139 | | | | | | | | | | | | |